



NEW MEXICO STATE-TRIBAL LEADERS SUMMIT

2013 State-Tribal Leaders Summit Issue Paper Tribal Health

The following Tribal Health issue paper contains three sections – (1) Issues Identified by Tribal Leadership; (2) Potential Solutions; and (3) State Achievements. The N.M. Indian Affairs Department, in collaboration with the State-Tribal Leaders Summit Planning Committee, issued surveys to Tribal leadership in order to identify which issues and potential solutions should be discussed at the 2013 State-Tribal Leaders Summit. The “Issues Identified” and “Potential Solutions” discussed below do not necessarily reflect the views of the State of New Mexico and are merely provided to summarize the survey responses received. The “State Achievements” section has been developed with input from various State agencies.

Issues Identified by Tribal Leadership: As a distinct feature of inherent Tribal sovereign authority, the N.M. Tribes, Nations, and Pueblos (collectively referred to as “Tribes”) strive to protect the health, safety, and welfare of their Tribal members. A true partnership between the State and Tribes regarding tribal health care issues could go a long way toward addressing long-standing health disparities in tribal communities. Developing and/or maintaining such a partnership will require meaningful collaboration and consultation. Tribal governments would greatly benefit from health care discussions that are well-planned and involve clear communication that is appropriate for the particular audience as well as Tribal leadership. Both parties would benefit from face to face collaboration on proposed revisions to policies and programs, as well as new initiatives. Tribal leaders feel that cultural competency is key to addressing many concerns and needs and would like to see increased interaction and knowledge regarding Tribal health programs administered by individual Tribes.

Access to care is an area of particular concern to Tribal nations. The need to address the shortage of healthcare professionals in N.M., especially as our population ages, is critical. Tribal leaders would like to see increased access to drug and alcohol rehabilitation programs within the State. It is important that we work collaboratively to find the best way that State services can be integrated into Tribal health care systems. Another issue identified is emergency and non-emergency transportation and licensing. Tribal leaders also identify the importance of data collection and health assessment in Tribal communities. Such data is key to addressing critical health care needs.

The Tribes would like to see continued examination, education, and outreach with regard to the Centennial Care Plan and how it will affect Tribes. The State could work directly with the Tribal communities, Tribal health programs and the Indian Health Service (IHS) on these matters, including the development of the Care Coordinator role within the Tribal communities. The State’s assistance is considered necessary in conducting outreach regarding the Affordable Care Act (ACA) and its required programs, such as the Navigator Program, Assistors Program and Certified Application Counselors. Tribal leaders would also like information on HSD’s new system, the Automated System Program and Eligibility Network (ASPEN), on Managed Care Organizations (MCOs), on the development of the Health Insurance Exchange (HIX), and on health insurance in general. Another important issue is the availability and access of affordable secondary health care services and the exchange of information between Tribal primary care providers and secondary health care providers, particularly with regard to the electronic medical record mandates. Finally, the effective and efficient coordination of Medicaid benefits

for Tribal members is imperative and could include added oversight regarding recipient issues with MCOs and receipt of timely Medicaid payments.

Potential Solutions Identified by Tribal Leadership:

- Build strong governmental relationships by conducting meetings between State and Tribal officials to develop health care policy and partnerships and by ensuring appropriate follow-up;
- Explore focused and meaningful State-Tribal Collaboration Act consultations with Tribes on health issues;
- Consider forming a tribal advisory committee to assist the State in communications and outreach efforts to Tribal governments;
- Explore whether regular audits of the MCOs regarding timely payments to Tribes would be beneficial;
- Continually monitor comments from Indian Health Service Facilities, Tribally-Operated 638 Health Programs, and Urban Indian Health Programs (ITUs) regarding patient care coordination;
- Work cooperatively regarding transportation issues, and the application process for non-emergency/emergency transportation licensure;
- Continue to support educational programs for health care professionals;
- Consider allocating additional State funding for substance abuse rehabilitation programs; and
- Ensure effective implementation of New Mexico's Centennial Care Plan and the Affordable Care Act provisions with regard to Native American citizens.

State Achievements: The New Mexico Department of Health (DOH) makes a concentrated effort to collaborate with the Tribes with regard to the creation, cultivation, and expansion of services and resources meant to enhance the quality of life for Native American citizens. This past year, DOH successfully facilitated a State and Tribal Celebration of Health and Wellness week with several Tribes participating. The Public Health Division's Immunization Program works with the Tribes and the Indian Health Service on an on-going basis to strategize and discuss vaccine issues and potential collaborative efforts to improve immunization rates in tribal communities. Through the Native American Partnership, the Public Health Division's Diabetes Prevention and Control Program meets regularly with representatives from a variety of tribal diabetes programs to consult with them about what works best in their communities. DOH has also worked in collaboration with the University of New Mexico (UNM) Center for Native American Health and the Robert Wood Johnson Foundation Center for Health Policy to engage the Tribes in developing tribal community health profiles. DOH has partnered with a number of health care entities to determine the impact of National Health Care Reform on tribal communities. DOH provides technical support to tribal health boards in their 638 health clinic process and publishes annual health care data, which is used by the Tribes for health planning purposes. The Department is also working to publish a resources guide that catalogs existing NM DOH services being provided to the Tribes and the off reservation Indian Health groups. DOH works to maintain a designated Tribal Liaison to monitor and track Indian health concerns and recently selected Kathleen Lawicki for the position.

The N.M. Human Services Department (HSD) has introduced a new and comprehensive service delivery system for its Medicaid program, known as Centennial Care, scheduled to roll out January 1, 2014. Centennial Care creates an integrated delivery system that offers physical health, behavioral health and long-term care benefits through four managed care health plans. It emphasizes care coordination, leading to better health outcomes. HSD and the Centers for Medicare and Medicaid have agreed in principle to support the requirement that Native American Medicaid beneficiaries who meet nursing facility level of care, or who are both Medicare and Medicaid eligible, will be enrolled in Centennial Care to access benefits (with the exception of the Developmentally Disabled waiver population) while other Native American Medicaid beneficiaries may voluntarily enroll in the program. HSD's Medical Assistance Division (MAD) has met with Tribes on many occasions and has provided presentations on Centennial Care. A subcommittee to the Medicaid Advisory Committee (MAC) made up of Native American

stakeholders was also developed. This subcommittee is called the Native American Technical Advisory Committee (NATAC). The first meeting was held in October of 2012. After the 2013 New Mexico Legislative session, a letter was sent by the State's Medicaid Director to all of the current Tribal leaders requesting they appoint a representative to this committee. At the most recent meeting there were 15 representatives from Tribes and I/T/Us. The primary goal of the NATAC is to advise the Medicaid Director on Medicaid issues in Indian country. MAD has increased its efforts and attended numerous Tribal and IHS health fairs.

HSD has three Tribal liaisons that interact closely with Tribal communities, facilitate tribal consultations and collaborations, and are a direct resource to tribal leadership. HSD's priority initiatives and programs available to Tribal communities include the following: health coverage through Medicaid for low-income children, seniors and individuals with disabilities; ISD services that include the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), General Assistance (GA) for low income individuals with disabilities, the Emergency Food Assistance Program, the Low Income Home Energy Assistance Program (LIHEAP) and homeless services; behavioral health services (mental illness, substance abuse and compulsive gambling) through the BHSD; and child support establishment and enforcement through the CSED. In addition, General Service Agreements (GSA) and Memorandums of Understanding (MOU) exist between HSD, Albuquerque Area Indian Health Service, and several Tribes/Pueblos. As stated above, in 2014 new health insurance options will be available to qualifying Native Americans through Centennial Care/Medicaid expansion or the N.M. Health Insurance Exchange and efforts are underway to provide education and information statewide.

The Office of Health Care Reform (OHCR) develops practical solutions for New Mexico's health system to improve health outcomes and delivery systems as the State launched its implementation strategy for health care reform. Leavitt Partners worked with OHCR to establish the New Mexico Health Insurance Exchange (NMHIX) Advisory Task Force (ATF). The ATF comprised 15 members representing hospitals, providers, carriers, large and small employers, agents and brokers, underserved populations, state agencies, and Native Americans. The Native American Work Group advises the Exchange Advisory Taskforce on the development of an exchange, with an emphasis on the unique provisions and function of an exchange for Native American communities and members. Recommendations also addressed exchange integration, support for the Native American Service Center, and the federal requirement to conduct tribal consultations. The New Mexico Legislature passed SB 221, the "New Mexico Health Insurance Exchange Act," (Act) during the 2013 legislative session, and Governor Martinez signed the Act on March 28, 2013. The exchange will be operated by the New Mexico Health Insurance Exchange (NMHIX) as a quasi-governmental nonprofit entity. The NMHIX is governed by a 13-member board of directors that was appointed in April 2013. The Act requires designation of a Native American liaison to assist the board in developing and ensuring implementation of communication and collaboration between the NMHIX and Native Americans in the state. The NMHIX is in the process of appointing the Native American liaison. The Native American liaison will serve as the contact person between the NMHIX and the New Mexico Tribes and will ensure that training is provided to the staff of the NMHIX to ensure cultural competency, understanding of Indian health laws, and other Native American issues. The Act also allows establishment of a Native American Service Center which may help make the NMHIX more accessible to all Native Americans. The Act requires HSD and the NMHIX to coordinate and to provide for contracting with the NMHIX for federal funding received for an exchange. The statute also requires HSD to coordinate with the NMHIX to share information and facilitate transitions in enrollment between the exchange and Medicaid. HSD has a Level 1 grant in the amount of \$34.2 million, and submitted an application for an additional \$20 million Level 1 grant for outreach and marketing programs related to the exchange. While the work to establish the health insurance exchange has been undertaken by the HSD for over two years, the department is currently in a transition phase. Most of the Level 1 grant funding and any future funding allocated to New Mexico for the exchange, will be transferred to the recently created NMHIX.